

lame	əp	Spouse's Name	
address			
Street	City/St	zate Zip Code	
Home Phone	Work Phone	Cell Phone	
o. of School-Aged Children in the Household	l		
Child's Name	Grade Level	School Attended	
r			
)			
Use back of form for additional space if needed.			
	Budget cuts Loss of Health Single-Parent	Company Downsizing/Layoff Benefits/Insurance Household No. of Years	
	Recovering fr	me/One-Income Household owed/Divorced om Recession/Self-Employed explain in the space provided)	

If out of work, previous employment:					
Length of tir	me since last employment: _				
Listed are ot	ther areas of assistance possi	bly needed due to econo	omic hardship? Check all that apply:		
	_ Monetary Aid for Mortgage/Bill Payment				
	_ Furniture Closet Assistance				
	Food/Sundry Assistance				
Would you l	ike to request family/individu	ual counseling with our P	astor? Yes No		
List of Dep	endents, continued:				
·	Child's Name	Grade Level	School Attended		
7)					

Please contact the Deacons listed below to complete your application:

Dea. Wayne Parks (615) 907-7223

Dea. Ronald Roberts (615) 217-9976

Dea. Tony Wall (615) 416-4653

Dea. Craig Freeman (615) 331-4794

Dea. Kenneth Blue (615) 280-1580

Dea. Ricky Clark (615) 758-4556

Or, mail in your application to the church office at the following address:

Lake Providence
Missionary Baptist Church
5981 Nolensville Pk.
Nashville, TN 37211
(615) 833-5539 Office
(615) 615-833-7601 Fax

Family Life Hotline: (615) 834-5838